

## SECTION B - PROJECT INFORMATION

### Part I

#### PROJECT IDENTIFICATION

PROJECT NAME			
SITE ADDRESS			
CITY			
COUNTY			
ZIP CODE			
TOTAL PROJECT COST			
PRIMARY CONTACT			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
TELEPHONE #		FAX #	

### Part II

#### CHIEF ELECTED OFFICIAL OF POLITICAL JURISDICTION IN WHICH PROJECT IS LOCATED

NAME			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
TELEPHONE #		FAX #	

### Part III

#### PROVIDE A SHORT PROJECT DESCRIPTION

### Part IV

#### LEGAL DESCRIPTION OF THE PROPERTY

# of Acres

ATTACH MAPS WHICH SHOW THE SITE LOCATION AND THE SURROUNDING AREA.

### Part V

#### SITE CONTROL STATUS (Check one)

<input type="checkbox"/>	Owned		
<input type="checkbox"/>	Optioned	<input type="text"/>	Expiration Date
<input type="checkbox"/>	Leased	<input type="text"/>	Expiration Date
<input type="checkbox"/>	Other (Explain)	<input type="text"/>	

PROVIDE A COPY OF PROOF OF OWNERSHIP, OPTION, PURCHASE CONTRACT, OR LONG-TERM LEASE AGREEMENT.

## Part VI

**ZONING STATUS** (Please provide letter of proof of zoning status, and identify any relevant zoning ordinances and restrictive covenants.)

## Part VII

### UTILITIES

Are utilities available and of the appropriate size for the site?

☐ YES\*

☐ NO\*\*

\*If yes, attach letter of verification from independent source.

\*\*If no, provide an explanation on the line below, including dates when adequate facilities will be available.

## Part VIII

### PROJECT CLASSIFICATION, TYPE, ACTIVITY AND ANTICIPATED FUNDING SOURCES:

#### Classification (mark one)

Single Family (1-4 units)

☐

Multi-Family (5 or more units)

☐

#### Type of Project (mark all that apply)

Rental

☐

Homeownership

☐

Rental Assistance

☐

Group Home/Shelter

☐

Other (specify) \_\_\_\_\_

☐

#### Project Activity (mark all that apply)

New Construction

☐

\*Acquisition (see below)

☐

Rehabilitation

☐

Tenant Based Rental Assistance

☐

Administration

☐

Homebuyer Assistance

☐

Infrastructure

☐

Community Revitalization

☐

Other (specify) \_\_\_\_\_

☐

#### Funding Sources (mark all to which you are applying)

(Refer to each program 's guidelines to assure activity(s) marked above is eligible for proposed funding source)

##### Montana Department of Commerce:

**Community Development Block Grant (CDBG)**

☐

**Board of Housing (BOH)**

Low Income Housing Tax Credit Program

☐

Multifamily Risk Sharing Program

☐

Multifamily General Obligation Program

☐

Single Family Set-A-Side Program

☐

**Home Investment Partnerships Program (HOME)**

☐

##### USDA Rural Development (RD):

Housing Preservation Grants

☐

Rural Rental Housing 515 Program

☐

Sec. 538 - Guaranteed Rural Rental Housing Program

☐

Community Facilities Loan and Grant Programs

☐

\* If your project is acquisition, are any persons currently living on the site? ☐ YES

☐ NO

\* If your project is an acquisition, will the proposed project activity result in a change in use of existing housing units?

☐ YES

☐ NO

\* If you answered "yes" to either of the questions above, do you have an Antidisplacement and Relocation Assistance plan?

☐ YES

☐ NO

**Part IX****TYPE OF UNITS****# OF UNITS**

Single Family Homes
Apartments
SRO's
Other
Other


**TOTAL UNITS****Part X****PROJECT USES**


**TOTAL NUMBER OF BUILDINGS**

Square Footage

# of Units



LOW INCOME UNITS

MARKET UNITS

COMMERCIAL SPACE

COMMON SPACE (Mgr Unit)

COMMON SPACE (Other)

TOTAL

#DIV/0!

#####

Low Income Percentage

Percentage = (low income units / (low income units + market units + commercial space))

**Part XI****PROJECT BENEFICIARIES**


# UNITS WILL SERVE 0% -30% OF THE AREA MEDIAN INCOME

# UNITS WILL SERVE 31% -50% OF THE AREA MEDIAN INCOME

# UNITS WILL SERVE 51% -60% OF THE AREA MEDIAN INCOME

# UNITS WILL SERVE 61% -80% OF THE AREA MEDIAN INCOME

# UNITS WILL SERVE 81% -100% OF THE AREA MEDIAN INCOME

# UNITS WILL SERVE MARKET RATE INCOME

TOTAL # OF UNITS

**Part XII****TARGETING OF UNITS/NUMBER OF UNITS**

(Specify number of units for each applicable category)

<input type="checkbox"/>	Exceeding Fair Housing Standards	<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Other	
<input type="checkbox"/>	Family (2+ Bedroom)	<input type="checkbox"/>	Disabled	<input type="checkbox"/>	Other	
<input type="checkbox"/>	Units Meeting Section 504 Accessibility Standards (required minimum for federally assisted housing)					

**Part XIII****LOW-INCOME COMPLIANCE PERIOD**This project will remain low-income with the occupancy described above for:  yearsWill the project have tenant-based or project-based rental assistance? ☐ YES\* ☐ NO

\*If yes, provide details as outlined in instructions: \_\_\_\_\_

**Part XIV**  
**IMPLEMENTATION SCHEDULE**

	<b>Anticipated Completion</b> ( month / year )	<b>Actual Completion</b> ( month / year )
<b>Financing</b>		
Construction Loan Commitment		
Construction Loan Closing		
Low Income Housing Tax Credits		
Grant Commitments (list grants separately)		
1. <input type="text"/>		
2. <input type="text"/>		
3. <input type="text"/>		
Permanent Loan Commitment		
Permanent Loan Closing		
Other <input type="text"/>		
Other <input type="text"/>		
<b>Project Start-up</b>		
Site Acquisition		
Zoning		
Infrastructure Available		
Environmental Review		
Advertise Architect / Engineer		
Design Completion		
Advertise for Construction Bids		
Construction Bid Award		
Building Permits		
Marketing		
Other <input type="text"/>		
Other <input type="text"/>		
<b>Project Activities</b>		
Pre-Construction Conference		
Issue Notice to Proceed		
Begin Construction		
Complete Construction		
Final Inspection/Issue Certificate of Occupancy		
Audit		
Marketing		
Prequalification Activities		
Homebuyer Workshops		
Rehabilitation		
Rent-up		
Closeout		
Other <input type="text"/>		
Other <input type="text"/>		